

APPENDIX A-5:

Data Abstraction Tool: Care Coordination Measures (CCM -1, CCM-2, CCM-3)

INSTRUCTIONS: Hospitals must refer to the appropriate version of data dictionary for abstraction guidelines that apply to this measure. Use of ***italic and underlined font*** throughout this tool indicates updated text has been inserted. The capital letters in parenthesis represents the field name that corresponds to the data element name.

1. Provider Name (PROVNAME) _____
2. Provider ID (PROVIDER-ID) _____ (AlphaNumeric)
3. First Name (FIRST-NAME) _____
4. Last Name (LAST-NAME) _____
5. Birthdate (BIRTHDATE) ____ - ____ - ____
6. Sex (SEX) ☐ Female ☐ Male ☐ Unknown
7. Postal Code What is the postal code of the patient's residence? (POSTAL-CODE) _____
Five or nine digits, HOMELESS, or Non-US
8. Race Code – (MHRACE) Select One Option
 - ☐ R1 American Indian or Alaska Native
 - ☐ R2 Asian
 - ☐ R3 Black/African American
 - ☐ R4 Native Hawaiian or other Pacific Islander
 - ☐ R5 White
 - ☐ R9 Other Race
 - ☐ UNKNOW Unknown/not specified
9. Ethnicity Code – (ETHNICCODE) _____
(Alpha 6 characters, numeric is 5 numbers with – after 4th number)
10. Hispanic Indicator- (ETHNIC)
 - ☐ Yes
 - ☐ No
11. Hospital Bill Number (HOSPBILL#) _____
(Alpha/Numeric – field size up to 20)
12. Patient ID i.e. Medical Record Number (PATIENT-ID) _____ (Alpha/Numeric)
13. Admission Date (ADMIT-DATE) ____ - ____ - ____
14. Discharge Date (DISCHARGE-DATE) ____ - ____ - ____
15. Was the patient involved in a clinical trial during this hospital stay relevant to the measure set for this admission? (CLNCLTRIAL)
 - ☐ Yes *(Note: Review continues- there is no exclusion for clinical trial)*
 - ☐ No

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16. What was the patient's discharge disposition on the day of discharge? (DISCHGDISP) (Select One Option)

- ☐ 01 = Home
- ☐ 02 = Hospice- Home
- ☐ 03 = Hospice- Health Care Facility
- ☐ 04 = Acute Care Facility
- ☐ 05 = Other Health Care Facility
- ☐ 06 = Expired (Review Ends)
- ☐ 07 = Left Against Medical Advice / AMA (Review Ends)
- ☐ 08 = Not Documented or Unable to Determine (UTD)

17. What is the patient's primary source of Medicaid payment for care provided? (PMTSRCE)

<input type="checkbox"/> 103	Medicaid (includes MassHealth)	<input type="checkbox"/> <u>282</u>	<u>BMC- MassHealth CarePlus</u>
<input type="checkbox"/> 104	Medicaid Managed Care – Primary Care Clinician (PCC) Plan	<input type="checkbox"/> <u>283</u>	<u>Fallon- MassHealth CarePlus</u>
<input type="checkbox"/> 108	MCD Managed Care - Fallon Community Health Plan	<input type="checkbox"/> <u>284</u>	<u>NHP- MassHealth CarePlus</u>
<input type="checkbox"/> 110	MCD Managed Care - Health New England	<input type="checkbox"/> <u>285</u>	<u>Network Health- MassHealth CarePlus</u>
<input type="checkbox"/> 113	MCD – Neighborhood Health Plan	<input type="checkbox"/> <u>286</u>	<u>Celticare- MassHealth CarePlus</u>
<input type="checkbox"/> 118	MCD Managed Care - Mass Behavioral Health Partnership Plan	<input type="checkbox"/> <u>287</u>	<u>MassHealth CarePlus</u>
<input type="checkbox"/> <u>207/274</u>	MCD Managed Care- Network Health (Cambridge Health Alliance)	<input type="checkbox"/> 119	Medicaid Managed Care Other
<input type="checkbox"/> 208	MCD Managed Care - HealthNet (Boston Medical Center)	<input type="checkbox"/> 178	Children's Medical Security Plan (CMSP)

18. What is the patient's MassHealth Member ID? (MHRIDNO) All alpha characters must be upper case

19. Does this case represent part of a sample? (SAMPLE)

- ☐ Yes
- ☐ No

20. Did the patient/ caregiver(s) or the next site of care for a transfer receive a Reconciled Medication List at the time of discharge? (RECONMEDLIST)

- ☐ Yes
- ☐ No

21. Did the patient/ caregiver(s) or the next site of care for a transfer receive a Transition Record at the time of discharge? (Note: Only abstract from documents given to the patient) (TRREC)

- ☐ Yes
- ☐ No (Skip to Question #33)

22. Does the Transition Record include the Reason for Inpatient Admission? (Note: Must be documented separately from the discharge diagnosis) (INPTADMREAS)

- ☐ Yes
- ☐ No

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23. Does the Transition Record include the Medical Procedure(s) and Test(s) and a Summary of Results or documentation of no procedures and tests? Note- If the patient is a transfer to another site of care and copies of procedures and tests were transmitted with the patient, select Yes. (PROCTEST)
- ☐ Yes
- ☐ No
24. Does the Transition Record include the Discharge Diagnosis? (Note: Must be documented separately from the Reason for Inpatient Admission) (PRINDXDC)
- ☐ Yes
- ☐ No
25. Does the Transition Record include a Current Medication List or documentation of no medications? (MEDLIST)
- ☐ Yes
- ☐ No
26. Does the Transition Record include documentation of Studies Pending at Discharge or that no studies were pending? (STUDPENDDC)
- ☐ Yes
- ☐ No
27. Does the Transition Record include Patient Instructions? Note- If the patient is a transfer to another site of care and the instructions will be determined at the time of discharge from that site, select Yes. (PATINSTR)
- ☐ Yes
- ☐ No
28. Does the Transition Record include documentation of an Advance Care Plan? (ADVCAREPLN) Note: Patients < 18 years of age are excluded from Advance Care Plan.
- ☐ Yes
- ☐ No
29. Does the Transition Record include 24 hr/ 7 day Contact Information for questions, concerns, or emergencies related to the inpatient stay? Note- If the patient is a transfer to another site of care, select Yes. (CONTINFOHRDY)
- ☐ Yes
- ☐ No
30. Does the Transition Record include Contact Information for obtaining results of Studies Pending at Discharge or documentation that no studies were pending? Note- If documentation of "no studies pending", select Yes. (CONTINFOSTPEND)
- ☐ Yes
- ☐ No
31. Does the Transition Record include a Plan for Follow-up Care related to the inpatient stay OR documentation by a physician of no follow-up care required OR patient is a transfer to another inpatient site of care? (PLANFUP)
- ☐ Yes
- ☐ No

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32. Does the Transition Record include the name of the Primary Physician or other Health Care Professional or site designated for follow-up care? (PPFUP)

☐ Yes

☐ No

33. What was the date documented in the medical record that the Transition Record was transmitted to the next provider or site of care? (Note: For patients transferred to another site of care, the date of discharge may be documented) (TRDATE)

____ - ____ - ____ (MM-DD-YY or UTD)